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**REVOCATION OF POWER OF
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NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/7810733
Filing Date	05/25/2004
First Named Inventor	DIGGLE III
Art Unit	3054
Examiner Name	WATSON
Attorney Docket Number	BS030441

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

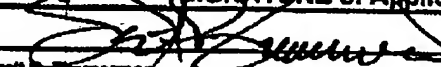
☐ I hereby appoint the practitioners associated with the Customer Number: ☒ Please change the correspondence address for the above-identified application to:☒ The address associated with
Customer Number:38516

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Scott P. Zimmerman PLLC		
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I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature			
Name	Scott P. Zimmerman		
Date	05/13/08	Telephone	(919) 469-2629

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

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&
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- ii) Scott P. Zimmerman, U.S.P.T.O. Reg. 41,390, of Scott P. Zimmerman, PLLC, P.O. Box 3822 Cary, NC 27519.

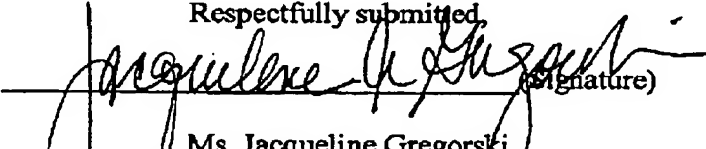
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06/05/2007 (Date)